

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	AS		5/8/99
O.I.P.E. CLASSIFIER			5/10/99
FORMALITY REVIEW	JB KNO	65373 7/4/97	7/19/99 7/21/99

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	4/17/03	✓
2	✓	8/25/03	✓
3	✓	2/19/04	✓
4	✓	2/17/04	✓
5	✓		✓
6	✓		✓
7	✓		✓
8	✓		✓
9	✓		✓
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46	✓		✓
47	✓		✓
48	✓		✓
49	✓		✓
50	✓		✓

Claim	Final	Original	Date
51	✓	4/17/03	✓
52	✓	2/19/04	✓
53	✓	2/17/04	✓
54	✓		✓
55	✓		✓
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99	✓		✓
100	✓		✓

Claim	Final	Original	Date
101	✓		✓
102	✓		✓
103	✓		✓
104	✓		✓
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141	✓		✓
142	✓		✓
143	✓		✓
144	✓		✓
145	✓		✓
146	✓		✓
147	✓		✓
148	✓		✓
149	✓		✓
150	✓		✓

If more than 150 claims or 10 actions  
 staple additional sheet here

(LEFT INSIDE)